MEDICAL MISSIONARY

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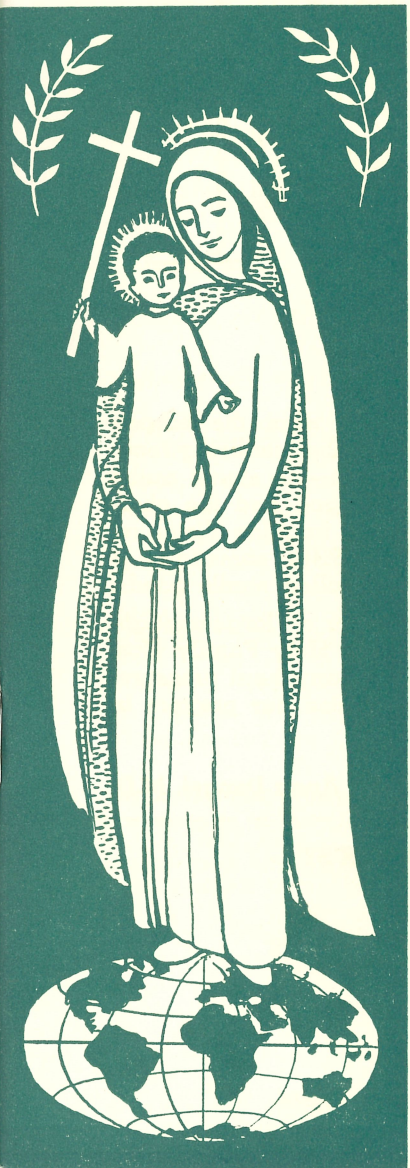

JUNE
1954

THE
MEDICAL MISSIONARY

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Contents

173	OUR LADY LEFT HER PICTURE	Sr. M. Theophane, B. S. N.
175	NO BLOOD — NO LIFE	Sr. M. Elise, M. D.
178	SHE DIDN'T WANT TO STAY	Sr. M. Pierre, R. R. L.
180	CHURCH IN A DESERT	Sr. M. Christopher, S. C. M. M.
184	A MISSIONARY ARRIVES—PICTURE STORY	Sr. M. Pierre, R. R. L.
187	WHAT'S NEW IN THE MEDICAL MISSION WORLD	Sr. M. Daniel, S.C.M.M.
188	CHITS	
193	MAMMY'S LIL' BABY LOVES FUFU	Sr. M. Raphael, B. S. Pharm.
Inside Back Cover	ENGLISH APOSTLE TO GERMANY	Sr. M. Julia, S. C. M. M.

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OUR LADY left her PICTURE

WITH THE Holy Father's words ringing in our ears—encouraging Marian Year pilgrimages — our plans for a visit to Our Lady of Guadalupe were beginning to take shape. Having lived in a Spanish culture for ten years, in Santa Fe, we had heard much of the ardent love Spanish and Mexican people have for Our Lady of Guadalupe. We too wished to partake of that love and mercy.

Arriving in Mexico City, we made our way immediately to the Basilica. There, over the high altar, is Our Lady's picture which she left on the tilma of Juan Diego. She stands almost five feet tall in a silver frame. The coloring is in the vivid hues of Mexican skies and the delicate tint of the mountains.

It all started back in the 16th century, in the days of Cortez. The Spanish invaders had a dual objective—to obtain wealth and to bring Christianity to the Indians. Wealth there was aplenty but the Spanish Franciscan Friars were finding their work difficult.

One Indian lad who had embraced the strange, new faith was Juan Diego. Juan became a devoted Christian, walking 15 miles each morning to attend Mass.

Then, on December 12th, 1531, as Juan was on his way to church, Our Lady appeared and spoke to him. Not at all frightened, he asked her how she was. The conversation was a cordial one until Our Lady instructed Juan to go to the Bishop and tell him she wished a temple built on that spot in her honor.

She had better tell someone else, he explained, for Juan Diego was really nobody and the Bishop would never listen to him. Our Lady insisted. So promising to return again next day and bidding her adieu, Juan went off to the Bishop's palace.

After much difficulty in getting to see the Bishop, the Bishop said he would be happy to comply, but must have some sign from the Lady of her identity. Juan, discouraged, returned home only to find his uncle terribly ill with typhus. He grew worse overnight and Juan was sent for a priest. Being in a hurry, he took pains to avoid the spot where Our Lady had appeared so as to prevent any possibility of meeting her. But Our Lady could

move, and she appeared to him in another spot. Juan explained he was in a hurry and would see her some other time. The simplicity of the man was his strength. Juan loved God—Our Lady knew that. She assured him his uncle would recover and promised a "sign".

Juan Bernadino was indeed much improved and had himself received a visit from the Mother of God with the same message. Next day when Juan Diego returned for the "sign" the Lady told him, "I am she who crushed the head of the serpent." The promised sign was a profusion of flowers atop a barren hill in the cold of December. Juan picked a bunch of roses as he was directed and the Lady arranged them with her own hands and placed them in his tilma.

When Juan opened his tilma before the Bishop to display the sign, the roses fell to the floor and there on the tilma was a clear picture of Our Lady.

Almost immediately after the apparition the Indians became more amenable to the missionaries. Within the next half century almost all the Indians came into the Church.

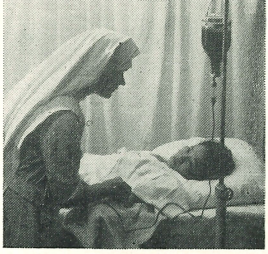
Mexico impressed us as a land of individuals. People are not bound by customs; or perhaps it would be more correct to say it is customary for them to act as they see fit, quite independent of what others think. We saw women come into the Basilica with pails of dough intended for tortillas, with onions, jello, sacks of utensils, and camping supplies.

Children were expected everywhere and no corner was without its quota. The children were amazingly well-behaved. Small babies were carried in the arms of mother or father. Most of the time they were snuggled in the mother's reboso so tightly wrapped we wondered how the baby could extract any oxygen to keep alive. But the modesty and protection the reboso provided impressed us very much.

One little girl about two years, amused herself by eating a green onion which her father offered her, much like an American father would offer his daughter a lollypop. She seemed to enjoy it.

The picture in the Basilica held us many hours during the ten days we spent in Mexico City. We visited the palace of Maximilian and Carlotta in Cuernavaca and the palace where they lived in the famous Capultepec Park, the Royal Palace which is the present seat of government on the Zocolo and where the contemporary exponent of Communistic art in Mexico, Diego Riviera, has painted his ideas of the history of Mexico, in bold colors.

There were two large pilgrimages to the Basilica during our stay: one on the Feast of St. Philip of Jesus, a Mexican Dominican martyred in Japan; the other on the 12th of February from Puebla. The Archbishop has assigned the 12th of each month to the people of a different area of Mexico for Pilgrimage time. This was done to avoid the overcrowding that had previously occurred on Dec. 12 when everyone wanted to come. They have official entrance into the Basilica at 10 o'clock Solemn High Mass and the rest of the day they crowd the entire plaza. Indian dances were going on from early morning on the specially constructed stage on each side of the plaza. Directly in front of the Basilica but to one side the men had spent the entire night making a picture 15 by 20 feet large, of St. Joseph holding the Divine Child, using sawdust in various colors for its composition. Every year they portray some other saint or idea, in this way.—Sr. M. Theophane, R. N.



NO BLOOD—NO LIFE!

Sister M. Elise, M. D.

BLOOD is the essence of vitality. Without it, death is inevitable. With not enough of it, life is a living death. Rapid loss of one-fifth of the total blood volume is enough to kill a man, yet people may go on living with one-fifth of the normal number of blood cells. The human body is remarkably adaptable. But there is a limit. When that limit is reached, the smallest shock is sufficient to push one over the edge.

In Pakistan as well as in India we encounter anemias that are apt to give us nightmares. Blood counts of less than one million, one-fifth of the normal, are by no means unusual. The hemoglobin (coloring matter of the blood) is usually below twenty percent—the ordinary American instruments are not designed for such low values! Often we actually do not know what the initial reading is. Such anemias are almost unheard of in present-day America.

Usually these anemia patients are confinement cases. The anemias of pregnancy seem to be the worst of all. Despite their obvious weakness, these patients nearly always *walk* into the hospital. They look like ghosts, and can hardly get their breath, but they are still on their feet. Once they lie down in a hospital bed, they often collapse completely. Only their incredible patience and courage have kept them going.

Often the doctor will ask the husband: "Why didn't you bring your wife sooner?" The answer will invariably be: "I didn't realize she was so ill." In these darker-skinned people, and especially in the women who live in the back rooms of the house, pallor may easily go unnoticed for a long time. Weakness they all take for granted. Not until the cough and swelling due to beginning heart failure become troublesome does the family wake up to the fact that something is radically wrong.

Take Mamuda, for instance. For months she had been suffering from weakness, loss of appetite, palpitation, and shortness of breath on the slightest exertion. In her eighth month, cough and edema started, and soon vomiting and abdominal pain occurred as well. Then she went downhill rapidly, and in a week was at the point of death. Her relatives brought her twenty-five miles, first in a tonga, then in a truck. No wonder she reached Holy Family Hospital, looking more dead than alive.

To pull such a patient back from the edge of the open grave is a heroic undertaking. Every means is fraught with danger. Even blood transfusion is risky, for the slightest reaction may be fatal. But blood is the only hope, so the sooner it is started the better. Easier said than done!

About 50 men and women physicians from Lahore, Peshawar and Rawalpindi, attended a clinical conference at Holy Family Hospital, Rawalpindi. Above, Sr. M. Elise, M. D., medical superintendent, with a group of women doctors who attended.

First we have to convince the family of that fact. It is usually not the men who object, but the women, despite the fact that we rarely take a woman donor. The women are firmly convinced that it is dangerous to give away blood, and they do not want anything to happen to their menfolk. "If he dies, who will support us?" they say.

Argument is useless. We have to prove to them that people do not die from donating a pint of blood, and the quickest way to do that is to circumvent the women-folk entirely. We take the male relatives apart, tell them what is needed, and send them straight down to the laboratory. If we catch them before they have a chance to talk it over, they are usually cooperative, and willing to do all they can to make good their unintentional neglect.

Mamuda was luckier than most. She had two brothers, big, strapping Pathans, whose blood was compatible with hers. A pint of the life-saving stuff from each quickly made a different person out of her.

But that alone was not enough. The patient must start at once to build up her own blood cells again, for the effect of a transfusion lasts only a few weeks. Blood cells die off in about twenty days. In anemias of this type we always use the iron given intravenously. These remedies work more rapidly than ordinary liver extract, and their effect is more certain.

Under this regime Mamuda's symptoms disappeared within a week. It took quite a while for her blood count to rise. The initial count had been: red blood cells, 690,000; hemoglobin below 20%. After two weeks the count was 1,630,000; hemoglobin 27%. At the end of three weeks it was still only 2,340,000, but the hemoglobin was 45%. By that time Mamuda declared that she felt better than she ever had, since her pregnancy began! Nothing could keep her down any longer. The expense and inconvenience of keeping the entire family so far away from home was more than they could stand. So at the end of a month we reluctantly had to let her go, with orders to continue treatment in the village. We never did find out what became of her. Most likely everything turned out all right. If not, we would probably have heard about it.

Anemias of this type are common around here. Sometimes we have three or four cases on the wards at once, and then the pace gets pretty hectic. Without a blood bank, every transfusion is a major campaign, requiring a good deal of talk and persuasion. Not all are as lucky as Mamuda. Some do not have any relatives who care enough to give their blood; others have only relatives with incompatible blood types; a few die despite transfusion, sometimes from a slight reaction, more often from the onset of pre-

mature labor. It does not take much to kill a woman with less than one million red blood cells.

All this misery could be prevented by proper antenatal care. Efforts are being made, both by the mission hospitals and by government institutions, to provide free antenatal care. Unfortunately the poverty of the people, the great distances and bad roads between the villages and the cities, and also ignorance and prejudice, keep away the very ones who need prenatal care the most. Mohammedan women are traditionally shy and secluded. Even the poor, who are not in "purdah", are reluctant to come to the hospital, especially if they have to be examined by male doctors. That is why our Holy Family Hospitals are doing their utmost to provide a trained staff of women doctors, nurses, midwives and technicians. Slowly but surely these hospitals are breaking down prejudice and bringing women to the hospitals for examination and care.

Many more could be saved, if we had the means and personnel to help more of them. In such cases of severe anemia, good will and devotedness alone are not enough. With them must go the skill, the knowledge, and the facilities for accurate diagnosis and adequate care. Only a well-staffed and well-equipped hospital can furnish such treatment. Anything you can do to provide such hospitals for the mission countries will result in lives saved, and souls brought into contact with Him who is the Way and the Life.

Small Pakistani woman whose baby was born at Holy Family Hospital. Sr. M. Elise, M. D. performed a Cesarean section operation for her.

R. I. P.

Rev. John E. Campbell, Yonkers, N. Y.
Rev. Cornelius J. Connolly, Wash., D. C.
Rev. Francis P. Lively, Brooklyn, N. Y.
Rev. Pius Parsch, Vienna, Austria
Sr. M. Eugenia, O. P., Jamaica, N. Y.
Sr. M. Olivia, S. S. J., Brooklyn, N. Y.
Mrs. Evelene Baker, Detroit, Mich.
Mrs. Clyde Bieber, Norristown, Pa.
Mrs. Mary Crane, Bellaire, N. Y.
Mr. Charles Everett, New Hyde Park, L. I., N. Y. (Father of Sr. Jean Marie, S. C. M. M.)
Mrs. Margaret Fowler, Bellaire, N. Y.
Mrs. F. E. Mara, Santa Fe, New Mexico
Miss Mary G. McCort, Rochester, N. Y.
Mrs. Loftus Palmer, New York, N. Y.
Mr. Eriberto Rossi, Rome, Italy
Mr. Howard Schwartz, Rockledge, Pa.
Mrs. Ferdinand Theriot, San Francisco, Cal.
Mr. John Valentine, Flushing, N. Y.
Mr. Andrew A. Wade, Lancaster, Eng.

The author, Sr. M. Pierre, with patients from Turkestan.

SHE DID'NT WANT TO STAY

Sister M. Pierre, R. R. L.

SHE MAY not be the most unforgettable person I have ever met, but she is one little girl whom I shall remember for a long, long time. Our first meeting was over the counter at the admitting desk here in Holy Family Hospital, Rawalpindi, where she had been brought by her mother and father for treatment of a nasty, suppurating, tuberculous gland on the side of her neck. At first glance, from my desk, all seemed well, but when I approached closer to begin the admitting questionnaire, a big tear in the corner of each of her eyes caught the light and glistened brightly. All was *not* well with little, 8-year-old Akila. She was frightened, she was tired, she was sick and what's more, she did not want to be left alone by her parents in this strange building.

Being 8-years-old, she was a little ashamed of the tell-tale tears and when I purposely gave her a big reassuring smile and a friendly nod of my head, she turned away quickly, wiping a thin brown hand across her eyes. After her mother and father had given me all the necessary information, I took the chart and led the way towards the pediatric department. Akila did not say a word to me; I said nothing to her but somehow I felt that we were going to be friends.

It was September when Akila came for admission, a busy month, and with the pressure of many people coming and going, the thought of her slipped my mind for several days. One noon, however, at the dinner table, Sr. Regina mentioned her name, saying how lonely she was since her parents did not live in Pindi and could only visit her occasionally. Then and there, I determined to pay her a call which I did that evening.

When I walked into the small, four-bed ward which Akila shared with some other patients, she was sitting up in bed, her doppata (head veil) hiding the white bandage around her neck. She "salaamed" me rather timidly, but pushed aside the small book she had been reading as if to invite me to stay with her. My Urdu, at this stage of my 3-month's-old missionary life, consisted of about 20 words, and I exhausted these in the first few minutes of conversation—"How was she? Did she feel better? Everything would be all right," and that was about the end of my meager stock. After that, it was a case of pantomining my thoughts with

nods, hand motions and grimaces and soon Akila and I (the entire ward, in fact) were having a good laugh at our "gesticulated" chatter.

Just before leaving I picked up the book which Akila had laid aside and was surprised to see that it was a beginner's Urdu-English grammar. With the help of one of the student nurses acting as interpreter, Akila told me that she wanted to learn English. Her father was a school master, spoke English well but did not have time to teach her. Her eagerness for English matched mine for Urdu; our respective vocabularies were about par; she was not too young to learn, I was not too old; so we decided on the spot to "play school" together. She would be my Urdu "munshi"; I would be her English tutor. Each day I would come to her after supper and for 20 to 30 minutes we would concentrate on our books, one night Urdu, the next, English.

For several weeks Akila and I followed our schedule closely. There were nights, of course, when I was late or missed entirely but on the whole we were pretty faithful. Sitting at the side of her bed, the First Primer between us, we poured over its mysterious script and meaning. For vocabulary practice we would point to different objects in the room and name them, first in Urdu, then English. We tried very hard but results in language agility were rather questionable. In the first place, we enjoyed each other's mistakes too much and used to spend precious minutes just laughing at each other. Then, the other patients in the ward, trying to be helpful, interrupted so often with their own ideas and helpful hints, that it was a case of too many cooks spoiling the pie. Akila would tell me one thing; someone else from a different corner of the ward would say, "Na, na," and give her rendition. The only time there was one speaker on the floor, practically, was when I would start in English—and I had to work to keep even that!

But if our Urdu-English relations remained the same, our friendship deepened daily. Once during this time I myself was put to bed with malaria and it was Akila's turn to be a visitor. She was permitted to come one afternoon for a short time, most of which she spent telling me how sorry she was to see me sick. She could never pronounce my name correctly but instead would say, "Shister-Ji," and then pat the bed as if to console me. Truly, she was a darling girl.

One day after nearly two months of treatment, Sister-doctor gave Akila the good news that she could go home. Of course, she was delighted and told me excitedly about her brothers and sisters who would be waiting to welcome her back again. I, too, was delighted that she was well enough to be discharged, even though I would miss my little teacher. Her father came to take her home on a Sunday morning. We had already said good-bye the night before, Akila assuring me that she would write to me and come back to see us all again. But just before she walked out the front door, she slipped away from her father and came back to whisper something in my ear. "Shister-Ji," she said, with the same slight lisp, "someday when I am big I will come back to Holy Family to stay. I will be a nurse—like all of you."

As I watched her go, I thought to myself—"Little Akila, when you came to our Hospital you were tired, you were frightened, you were sick and you did not want to stay. Today, as you leave, rested, happy and well, your last thought is that someday you will come back —not just to visit but to stay!"

First Mass at Mariakhel Church in Pakistan Desert.

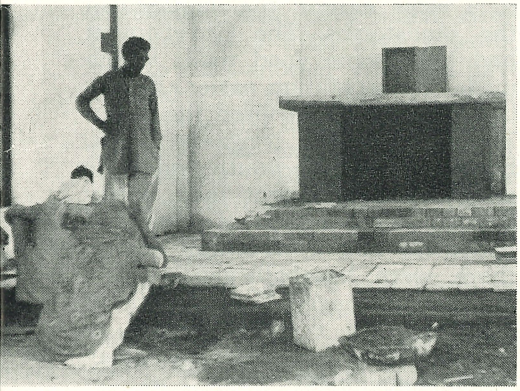
CHURCH IN A DESERT

THE AFTERNOON mail of March 22nd brought an invitation from Reverend Daniel Breen, Mariakhel, to attend the blessing of his new Church . . . followed almost immediately by the Bishop's Secretary, Father DeJong, dropping in to borrow sheets, altar cloths, etc. Sister Dolores and I were the two chosen for the privilege of being present at the opening of the new church. . . . We arrived at Piplan Station on the morning of the 24th. It was already 8:30 a. m. and we were met at the station by Bishop Hettinga himself, in work-clothes. He had come to pick up a car load, not only of Medical Missionaries, but of tiles, for the sanctuary of the church. The Bishop had arrived two days earlier, to find a great deal of work yet to be done if the opening was to be on the 25th. Father Breen had been ill and with no one supervising, the workmen had lagged. Father suggested that the Bishop postpone the opening, but he had his heart set on opening the church on the 25th, the feast of Our Lady's Annunciation. Already he had made three trips in his car, hauling the tiles over the 12 miles from Piplan Station to Mariakhel. When coming to the station, Father Breen instructed the Bishop to bring back some bread, butter, coffee and cigarettes. After visiting every possible shop and canteen, he went home with a FLIT GUN, saying, "Well, we need this too, there are plenty of flies."

When we arrived there was a contingent of Catholics waiting for us. They eagerly took our luggage, and proudly pointed to the bridge that they had made for the Sisters to cross the canal. Usually one wades across. The bridge was a girder over which we passed single file. In the distance we could see

the church . . . standing in a large vacant plot, about 15 feet by 18 feet. It looked so small. The Bishop said that some day he hopes to add on to this part, which will then serve as a sanctuary. As we approached and looked inside, we wondered, "Could it possibly be ready by the next morning?"

Father DeJong had waited for us to say Mass. As the church was still not ready for use, Mass was said on the verandah of the house. A cupboard served as the altar. After Mass we went inside to the dining room and after one look around, realized that Father had lived mostly on faith and hope. However, now there were four others to consider, with the pros-

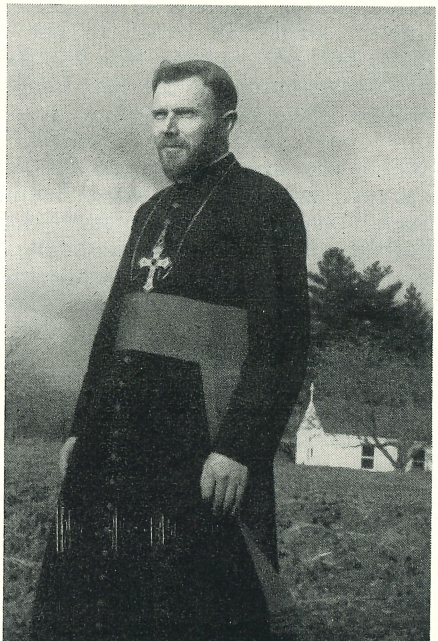


The Sanctuary, the night before the opening.

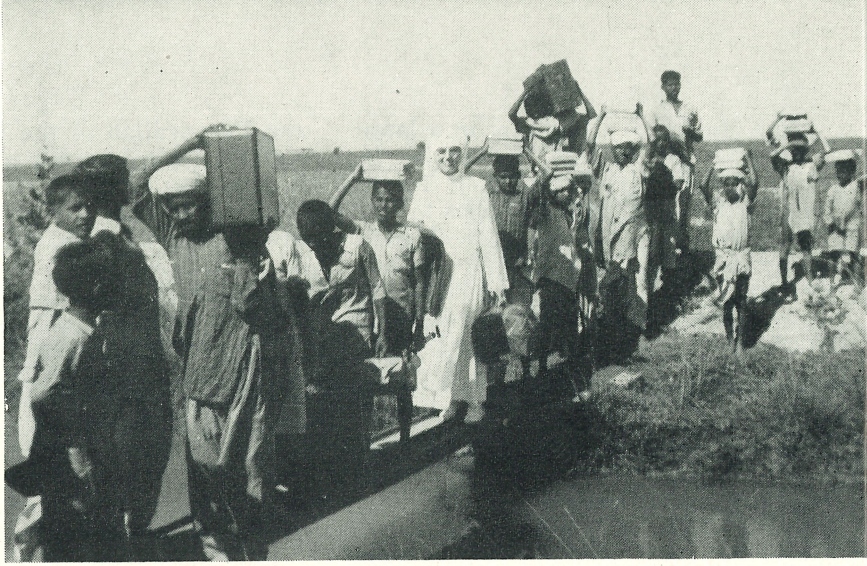
pect of a number of other priests arriving during the day and the following morning. So Father Breen went off again in search of food. The Bishop went back to the church and the workmen. He was still working by kerosene light when we went off to bed.

Sister Dolores and I began to prepare the altar, tabernacle, linens, etc., that would be needed in the morning. How delighted we were as we began to unpack the trunk that had just arrived from Pindi. There was the chalice from the Propagation of the Faith, Boston. We looked for the monstrance. It also was from the Propagation of the Faith, the ciborium, an entire set of vestments, almost everything that was used on the morning of the 25th was a gift from America through the Propagation of the Faith. As I knelt in the little church during the High Mass with the Bishop saying the Mass, I wished that in some way, those generous friends in America, the Propagation of the Faith directors, etc., could have some idea of what their efforts mean to the missionaries.

How did Mariakhel come into existence? How old a village is it? Just five years ago, the Government gave the Bishop this land, about 1000 acres, as a gift. The only requirement was that he make it a self-supporting village. It had first been offered to another group. They took one look at it and refused the land. No wonder they refused—it was nothing but a desert of sand. But Bishop Hettinga accepted it wholeheartedly. He had the courage, and foresight to see a wonderful opportunity for the Church. One of the priests from Holland, Father F. Terpstra who



His Ex. Most Rev. Nicholas Hettinga, Bishop of Rawalpindi, Pakistan.



Sr. M. Christopher (Baltimore, Md.) walks the special bridge erected for the Sisters. The boys carry the tiles for the church in Mariakhel (Mary's Field).

had lived on a farm most of his life, was appointed pastor even though there was no church, no Blessed Sacrament. He chose one man from each of eighty families, and together with them, he went to the village to begin to build and plant their first crop. Little by little they had their own huts and brought their families to live with them.

The going was very difficult, and the sandstorms would completely cover over the roads they had labored so hard to clear. During some of the worst storms they were unable even to cook for two or three days at a time. Father took all this in stride. In order to get a start, he had a cooperative for the even distribution of the first year's crops. The people did not want their land on a cooperative plan. When the crops were ready for harvest, they let them stand in the field. Farmers had to be *hired* by Father to harvest the land, on a share basis. As a result, by far the larger share went away and what remained was not enough to stave off hunger. Father had to get money from the Bishop's meager bank account to keep the people from starving.

After three years, the village was really getting on very well, canals had supplied water, quick growing trees and bushes were controlling to a large extent, the damages of the sandstorms. The Government had built some good roads which made transportation easier. Father had not only supervised the farming, building and irrigation work, but had taken the youth under his wing. He had taught them many sports for the health of mind and body. He had a wrestling match, there were baseball games . . . he even managed to teach three boys to play contract bridge in PUNJABI, to help him pass away the long evenings!

At this time, Father became ill and was sent to Peshawar. Father Breen took over the work from him and has been there for about 18 months.

Father Terpstra returned to Mariakhel for the opening of the Church on March 25th. He gave a beautiful sermon explaining what it meant now to have the Sacramental Presence always with them in their village. During the afternoon he visited the people, taking Sister Dolores and me with him. You could see how the people

loved him. We saw the mud hut that was Father Terpstra's home for three years . . . no conveniences at all, just like the huts of his people—no water, no lights.

Daily the families of the village took turns in bringing Father his meals. You can well imagine the menu! Curry and chappatti. (The chappatis are large, thick and usually greasy. When offering them to each other, the Fathers refer to them as chest protectors!) No need for Father to worry if he were using the right fork or spoon! But you can also imagine the impression that has been left with these people.

As we were walking back to the house I asked Father Terpstra, "Would you want to do it again?" Without the slightest hesitation he answered, "Yes, very much. After I have had a little rest, I would like to start another village. I have learned a lot from this experience . . . and would like to profit by my mistakes and experience." I felt like saying "Bravo!" and was thinking to myself that with such a spirit, the Church has a wonderful future.

As Sister Dolores and I seemed to be the only women who would venture into the situation— and share the privilege of assisting at the First Mass, we helped behind the scenes as much as possible. I was the unofficial Master of Ceremonies, quickly producing all the missing items, noticed only after the Ceremony began. Sister and I had a quiet lunch and then left the men and priests to their own feast. We went back into the Church, it was empty now, except for the light burning which told us that He was there. This was our Society Feast—also Thursday, so we knelt there and made our Holy Hour. The windows were not in yet and the birds kept flying in and out of the windows. Several birds had built nests in the sanctuary. Father wanted to remove them before the ceremony, but we talked him out of that. I am sure that Our Lord would not want those nests broken up.

Unfortunately we had to leave before Benediction, as we had to get the evening train back to Pindi because we were having a Nurses' Capping Ceremony and a Doctors' meeting on Saturday and much preparation was waiting to be done.

From some place, ham had appeared. And so, as we were leaving, Father Breen handed us a box of ham sandwiches for Thursday evening, cheese sandwiches for Friday morning, and a thermos of tea. He said that the bread was too fresh to cut! I wonder if that is why those slices were "MAN" size? As we waved goodbye, the Bishop called out: "Ask Father DeJong to show you the National Park as you pass by." We drove for some time. Then I saw some trees in the distance. This reminded me. I said, "Father, have we come to the National Park yet?" He said, "O yes, I believe this is it." To us, it was a plot of young trees, but just a few years ago there was only SAND . . . so it was really quite an accomplishment.

Certainly this experience will live long in our memories . . . and I feel that I was most privileged in being permitted to witness this great event in the history of the Catholic Church in Pakistan.

—Sr. M. Christopher, S. C. M. M.

YOUR WILL . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $ ..... for its general purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

1. Sr. M. Kateri almost falls out of tonga getting a look at her future home —Holy Family Hospital, Rawalpindi, Pakistan.

2. She is greeted by Moslem pa

A MISSIONARY

Sr. M. Kateri, R. N. of Watsonville, California, tra world by freighter, train and finally by tonga to Family Hospital, Rawalpindi, Pakistan.

Her first trip out was to report her whereabouts foreigners, you know — aliens! Sr. M. Kateri was people as they were about her . . .

4. Outside Police station, Sr. Dolores explains passport details.

6. Sister was intrigued with the Pakistan's s regalia—a well decorated perfumed hooka Never saw one before!

5. The first camel! It's that supercilious arch of his eyebrows that keeps Sister staring.

Sr. M. Dolores, while a
ent looks on.

3. The Bells ring! Patients, nurses, kitchen helpers, gather to greet her.

ARRIVES

velled half way round the
reach her mission — Holy

to the local police. We're
as curious about her new

oking
.

7. Goatskin for a water tank.

8. No tractors here. Just the lumbering oxen and hand plow.

9. Hospitable welcome from a Kashmiri family — refugees. They spread a beautiful hand worked rug on the sand ground for the Sisters to sit on. Despite their rags the family was beautiful. They were happy Sr. M. Pierre, Sr. M. William and I came.

10. Back at the hospital again, Sister meets some of the patients' visitors. Sr. William from Blue Island, Ill. does the introducing.

11. Sr. M. Kateri says "Even out here California's goods are the best." (She changed her mind after eating this.)

WHAT'S NEW
IN THE MEDICAL MISSION WORLD

In the New York TIMES of November 1, 1953, Howard A. Rusk, M.D. told of the need for a Point Four health program for the U. S. Indians. Among other things, Dr. Rusk pointed out that pulmonary tuberculosis death rates among Indians are about five times higher than those of any others.

Marie Curry, in the March, 1954 issue of R.N., says the government is doing a better job of health service than is generally realized. Several obstacles to improvement are revealed in her experience as one of the 15 public health nurses for the 75,000 Navajos.

In the past, health service has been the prerogative of the medicine man. Young Navajos, veterans of World War II and Korea, are eager to obtain modern care for their wives and children. Because of the matrilineal system of culture and custom, the mothers themselves are dominated by the older generation, and cling to the old way.

Home visits to Navajo hogans reveal the causes of the tuberculosis problem. One finds cases who refuse hospitalization, overcrowding, appalling sanitation and poor food habits.

AND MANY HAPPY RETURNS!

1954 marks 30 years for the A.M.M. (l'Aide Medicale aux Missions). This lay organization for medical mission work was established by the St. Luke Society, the Belgian Catholic Medical Association, in response to moving requests from missionary bishops and priests in the Belgian Congo. The A.M.M. provides professional medical workers, advice and supplies to medical centers established by the missionaries. Thanks to the joint efforts of the St. Luke Society, the Congo Missions and the Colonial Administration, in 1950 there were 24 medical mission stations staffed by 50 doctors.

JAPANESE MEDICAL MISSION SISTERS

Two Japanese Sisters are in the U. S. to study methods of treating T. B. and mental illness. Sisters of St. John the Evangelist, they are members of a new all-Japanese, medical order. The foundation was laid by a Japanese doctor who later became a Catholic and a priest. He died in 1939 but Mother Maria Okumura and three companions had, by that time, begun their work. They now have 18 professed Sisters. They operate a T. B. sanatorium and a mental hospital with 20 beds outside Tokyo and also an orphanage with 75 children.

—Maryknoll Sisters

EJECTION NOTICE

Researchers in Venezuela have isolated a bacteria capable of killing snails which transmit the parasitic bilharzia worm. By contact with snail-infected water or food, man becomes the host of this parasite. With the new bacterial discovery, an effort is being made to completely wipe out infected snails in Venezuela.

Venezuela Up-To-Date March, 1954

Sister M. Daniel, S. C. M. M.

Prime Minister of Canada visits Sr. M. Brigetta and the hospital.

KARACHI

One day I received an invitation from Pakistan's Prime Minister to attend a reception given in honor of the Canadian Premier, during his stay in Karachi. The Premier was on a world tour and since I was a Canadian from Reward, Saskatchewan, I was invited to a State Banquet.

I sent a note of regret, enclosing a letter for Mr. St. Laurent inviting him to come and visit us at our hospital. The Pakistan Prime Minister's secretary phoned and said, "Why are you not coming?" I explained and asked him if he would kindly forward the letter to the Premier on his arrival. A week later the Canadian Premier arrived by plane and the papers stated he would only be in Karachi for two days. My hopes almost vanished completely until the next day when again the phone rang. "I am Mr. Martin, Mr. St. Laurent's secretary. We can come over to see you for a few minutes today." I was delightfully surprised, and answered, "How wonderful! We will be looking forward to your coming."

They arrived that afternoon, and really, the eighty-year-old Catholic Premier looked very alert and keen. In his few words to us he expressed his appreciation and praised our work in this country. He told us that we were doing our part in spreading good-will among nations.

"Time is up," said his secretary and on taking his Adieu he asked us to pray for him. It certainly was a memorable occasion for us!

—Sr. M. Brigetta, R.N.

DACCA

There isn't much that I can tell you about the work at the new hospital. But it is interesting to see how Sister Benedict has managed to get the local people working for the coming Fancy Fair. In selling tickets, they have lost a lot of their timidity, or whatever it was. Yesterday I made the mistake of asking one man how the tickets were going. "Well." he said; and in two minutes he had given me one book to buy and said he'd bring over 100 more for me to sell! At least some of our people have learned that a bit of work makes many things possible. They are rather awed by Sister's energy.

—Rev. C. Houser, C.S.C.

RAWALPINDI

"Premie is two pounds, eight ounces today." Hardly had Sister Regina made the announcement when the news was passed from nurse to nurse. This is the first time the premature baby, our latest one that is, had been taken out for weighing. The baby weighed two pounds at birth two weeks ago.

When it is wintertime in Pindi the thermometer registers around 40 to 60 degrees. This may not seem so cold, but without any heating facilities, for three to four consecutive months, it does get COLD, especially during the rainy season. Then everyone looks forward to the good old summertime, with the mercury at 119 or 120.

We do not have an incubator. However, Sister Regina manages with the premies, cold and all. She has brought up many a premature, with blankets (just piles of them) and hot water bottles. She keeps peeking under the blankets to see if all is well, and does not permit anyone to take the babies from the cots. Once every two weeks she weighs them and not any oftener, no matter how many people are wondering if the baby is gaining or not! It is no sinecure to keep premies alive in Rawalpindi without an incubator!

—Sr. M. Dolores, R. N.

Sr. M. Regina, R. N. (Des Moines, Iowa) with the latest "premie" in Holy Family Hospital nursery.

GEORGIA

I am sure that most of you want to know something about the Clinic and the patients.

The Medical Clinic has grown so that on some days we have 40 patients or more. We now have three Negro physicians working in the medical clinic.

Another Negro surgeon is joining Drs. Walker and Schellack in the Surgery Clinic this week. Blessed Martin will take care of the details in this program of integration.

Our laboratory facilities also are being increased. We are now set up to do blood chemistries and soon we hope to set up bacteriology.

—Sr. M. Jacob, R. N.

Sr. M. Ignatius Marie (Mass.) leads the quartet. Nand Kishore (right).

MANDAR

Nand Kishore, a little chap of four years who was very badly burned, was written up last year. His mouth had been so badly pulled out of shape, when his chin was adherent to his chest from the burns, that the release of the adhesions failed to restore his mouth to its proper shape.

Sr. M. Barbara, M.D. thought a harmonica might help him. On Sunday mornings, he and I practiced together in a field. We picked a spot far enough away from the hospital so that no patient's aesthetic ear would be disturbed by our tunes! Little by little Nand Kishore learned to shape up his lips.

Towards the end of June he was discharged and his mother was told to massage his neck daily with oil and to bring the child back in three months. His mother, faithful to her word, brought him back at the end of September.

"Sister-ji," she said, "Twice every day I put oil on his neck as you said, but his chin is going down."

Sure enough, his chin was no longer at the perky angle it had been. He had been going to school and the constant looking down at his slate and his books had been too much for the muscles and the new skin on his neck.

Parbatti, the mother went home alone and Nand Kishore slipped back happily into hospital routine. Sister M. Francis, M.D. searched various catalogues until she found a picture of the support she wanted for the boy's chin. To have ordered the brace from the company would have involved months of waiting, with the possibility that we would not be able to get it in the end.

Armed with the picture and a tape measure, Sister took Nand Kishore and went in search of Bro. Joseph, S.J., who, while officially overseeing our building projects, manages to solve many other problems for us too. Brother looked at the picture while Sister explained what she wanted. Then our *lohar mystri* (blacksmith) joined the group and after much discussion, he and Brother agreed to try it.

Four or five hours later Nand Kishore was called for a fitting. A few minor adjustments were made and then Sr. M. Thaddeus took it over for a few feminine touches that would make it easier for the child to wear.

Really pleased, when Sr. Francis said the support was correct, he smiled up at Sr. Thaddeus and said, "Now the operation can be tomorrow, can't it?"

"Yes," replied Sister, "we can schedule it for tomorrow."

Bright and early the next day he was taken to the operating room. The surgery was much less difficult than was anticipated. When Nand

Kishore came to, one hand felt for the support and when he found it in place, a real coast-to-coast smile flashed across his face as he said to Sr. M. Colette, "Now I'll be real straight." And in an instant he was sound asleep again.

—Sr. Ignatius Marie, B.A.

PATNA

During the past week we have joined in the celebrations at St. Joseph's School in Bankipore, commemorating the Centenary of the arrival in India of the Sisters of the Institute of the Blessed Virgin Mary.

When the Sisters first came to Patna, among other hardships, they met a great deal of opposition because, being Europeans, they were associated with the English regime. To make matters worse, sickness broke out among them, killing two and forcing the remaining Sister to seek better living conditions in Calcutta. The day they returned to Patna they had one consolation. As they were approaching their bungalow they were greeted by piano music rendered by their chaukidar (watchman). Father Saldanha comments that the name of the melody was not recorded but that the above-mentioned watchman had such great respect for everything which belonged to the Sisters that he had not even touched the dust which had settled since the Sisters' departure.

Because of the fact that the Sisters also accept small boys in their primary classes, Father Extross, a Patna Jesuit, in his address during the celebrations, justified his honor in being chosen guest-speaker by claiming that he had been a former convent girl.

—Sr. M. Jane Frances, B.S. Pharm.

AFRICA

Perhaps you are vaguely familiar with "Tarzan." Well, I am sure his jungle is just like ours. From the main road you would never guess that Holy Family Hospital is behind all that tall grass, but it is . . . and the patients find us with very little difficulty.

The people here take care of their own sick with sincere devotion and loyalty. As a matter of fact, our biggest problem is getting rid of the droves of relatives, after they have brought in a patient.

The whole town comes to see the hospital! The nurses add to the performance with their cheerful bantering with the onlookers as they give out medicines, take temperatures and do treatments. The patients love injections and operations and drinking medicines. They have great confidence in the Sisters.

Our Ashanti and Brong tribes are very clean. Their custom is to take a hot bath every day. The cloths (as they call their dress) are washed daily and the clean vivid colors of these are most attractive. Never do I tire of admiring Mama with baby on her back, bucket of water on her head, barefooted and walking with the grace of a Powers model. When they see one of us they stop and with a bow, greet us with the time of day. Not a drop of water spills from the bucket!

—Sr. Marianne, R.N.

LAWANG

Here is another "land of promise" lying before us . . . LAWANG in JAVA where we have begun our native medical mission novitiate. Sister M. Baptista is in charge, and there are three aspirants so far. The house is fine for a beginning—not so modern but usable for our purposes. Lawang has a nice climate.

Sister M. Eleanore, M. D.

Mrs. Pandit (left) presides at tree planting ceremony.

Mrs. Hugh O'Donnell (right) who accompanied her father, the Prime Minister of Canada on his world tour participates in a tree planting ceremony at Holy Family Hospital, New Delhi. Mrs. Vijayalakshmi Pandit presided as the wives of the ambassadors planted trees in behalf of their respective countries. The event was part of a campaign to "finish and furnish" the Medical Mission Sisters' new 200 bed hospital in the capital city.

NEW DELHI, INDIA

It's been a long time since you have heard of Delhi's doings and that is unfortunate for — is not Holy Family Hospital, New Delhi, of "capital" importance?

January and February went by on wings. A great deal of the necessary "paper work" has been completed. You would be surprised to know the amount of letters and contracts and plans and pleas that are necessary before construction work can begin again. (It stopped for lack of money.) We are hoping that in the very near future there will be dozens of workmen here to disturb us with their welcome bangs and shouts and groans and moans and all the noise it takes to give our fifth story a roof.

We had a blessed event last month and something new came to live with us . . . a telephone. It has been coming for five months. Now all we need is for the electricity to arrive.

—Sr. M. Richard, S.C.M.M.

JUNE IS THE MONTH OF GRADUATIONS AND BIRTHDAYS
ARE YOU "UP-A-TREE" FOR A GIFT?
Send a Subscription to THE MEDICAL MISSIONARY
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Send the MEDICAL MISSIONARY (Please Print)

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MAMMY'S LIL' BABY LOVES FUFU

Sister M. Raphael, B. S. Pharm.

"This picture proves it," says Sr. M. Raphael.

MENU FOR Sunday dinner: fufu. No salad, no dessert, no coffee. Menu for Tuesday, Wednesday, Thursday, Friday (fish fufu) and Saturday: ditto.

"What! Fufu every day? No change?" That's right, but there is change, depending on what kind of meat is used, different vegetables, types of yams or plantains used for the fufu balls, etc.

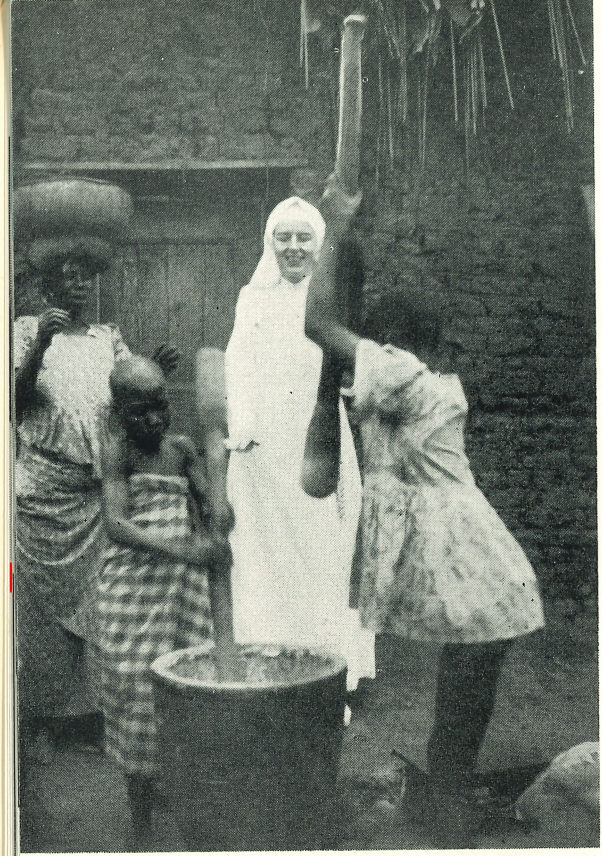
I must tell you of our introduction to the wonders of fufu. When we first began medical work in this part of West Africa we were anxious to learn the dietary habits of the people . . . that we might understand their problems of nutrition. Each morning in the dispensary, Sister would ask the women: "Mammy, what have you had to eat today?" And the response was invariably the same: they had eaten nothing. They had had no food.

This was a serious matter. Many of these women had walked several miles to come to the clinic. Most of them were carrying babies on their backs or were expectant mothers. However, as the days wore on, the Sisters noticed that the women, while they waited their turn to get medicine, would consume a small loaf of bread, a banana or two, a piece of roasted corn, or a lump of boiled yam. Substantial snacks! But they had not had fufu that day! And until they have *fufu,* they have not eaten. The other was merely "small chop".

It is no easy task to prepare this main meal of the day. The soup, and pieces of yams must be boiled over an open-air wood fire, and the yam balls "prepared . . ."

In a polygamous household the chores are divided amongst the several wives. Some go for water (carrying the four gallon cans great distances on their heads), some go to farm and bring home vegetables and firewood, and usually the eldest remains at home and prepares the evening meal.

The African yam resembles more our white, than our sweet potato. But a white potato stretched out to a length of 18"—24" and weighing as much as five pounds. But even when cooked they are always a bit hard. They can be mashed (if one uses brute force and determination). But you usually have a feeling that perhaps,



"Yam, Yam," says Sr. M. Camillus, "this yam is going to be good. I think I will stay."

if they had been left on the fire a few more hours, they might have cooked soft. (A fallacy).

After all, yams were never intended by God to be a substitute for Idaho potatoes. They make wonderful yam balls for the fufu. The people cook the peeled yam, much as we would boil white potato, and the drained pieces are put into a wooden mortar. These last are mammoth bowls hollowed out of tree bases . . . wearever kitchen utensils! The pounding sticks are young saplings, stripped of bark and smoothed into pestles. And then the yam is pounded. One woman pounds; one sits on the ground and with a wetted hand, flips the yams over, as they coalesce into sticky balls. The women alternate: as the pestle comes down, the assisting woman dips her hand into a dish of water—the pestle is raised, and the assistant reaches in and turns the ball. Perfect rhythm. I have never seen them miss their timing (which would result in the assistant missing a few fingers). After much pounding the yams are ready to be eaten. By this time they have cooled off, and look like smooth loaves of unbaked bread. To the unappreciative, they taste like that.

Meanwhile, the other component of fufu, the soup, is cooking. The women have first prepared a paste of peanuts by grinding the nuts between stones. An alternate soup base is the palm nut. To the base of palm nut (or peanuts) are added onions, tomatoes, (a slightly acrid version of our kind), okra, garden eggs, one or two green leaves, and some meat. The people do not eat as much protein as they should; it is well they have the nourishing peanuts to supplement their diet.

What kind of meat do they use? The men that have the leisure to do so (cocoa farmers whose wives will tend their farms for them), go hunting for small game. They prefer the antelopes, deer, bush rats, etc., to domestic meat. Occasionally monkey meat is used. And of course, elephants when a rare one presents itself to be shot. Usually, dried elephant meat can be bought in the city market of Kumasi. Dried meat reduced to the condition of leather is the only solution to the problem of keeping meat in the tropics, *sans* refrigeration. Likewise, fish is dried, and sent up from the coast in huge stacks. (On many of my lorry trips, as I rode in the choice seat, just ahead of the dried fish, I have reflected on the wondrous ability of fish to retain its smell, despite the smoking and drying process.) Goat and sheep meat are available in the village market and occasionally

beef. Conditioned beef. As this is the area of the dreaded tsetse fly, carrier of sleeping sickness, no cattle may be kept in the district. Cattle, intended for slaughtering, are walked down from the Northern Territory, some 400 miles. So before the beef reaches the pot its muscles are well developed.

India, South America, and Mexico claim many "hot" dishes. But are they as hot as the African soup? I doubt it. My first experience with the soup was from Kwaku's pot. When I went out to our kitchen to see how our non-fufu dinner was progressing, I noticed the cook's little pot boiling away, *private chop.*

"Kwaku, I would like to taste your soup. Do you have much pepper in it yet?"

"Oh no suh, Sistah. It doesn't have any in it yet."

I took one taste and I had no sensation in my mouth for the next two days. What Kwaku meant was that the half dozen peppers he already had put in were not worth counting. As I departed in choking indignation to find some dry bread to assuage the pain, Kwaku picked up a handful of about twenty long chili peppers and threw them into the soup. Just to show me the soup did not "have any pepper in it."

The fufu dinner, when ready, is served in shallow dishes, the steaming hot soup poured over the massive yam balls. The order of serving is: first the men and older boys (who get most of the meat), the women and then the younger children. And Mammy's little babies *do* love fufu!

—Sr. M. Raphael, B. S. Pharm.

Lourdes grotto, Motherhouse.

Mother of the Whole Christ

"When the little maid of Nazareth uttered her fiat to the message of the Angel and the Word was made flesh in her womb, she became not only the Mother of God in the physical order of nature, but also in the supernatural order of grace she became the Mother of all who through the Holy Spirit would be made one under the headship of her divine Son. The Mother of the Head would be the Mother of the members. The Mother of the Vine would be the Mother of the branches." Pius XII

WHICH HOSPITAL NEEDS YOUR HELP MOST?

BEREKUM, AFRICA

Every patient needs a mosquito net in these nights when the room-sounds resemble the buzzing of aerdromes, writes Sr. M. Raphael. They have only a few for infectious cases. They need at least 100 more. Even to have them made on the spot costs $2.00 ea.

Berekum's five-year-old weighing scales will give five different readings depending which way it slants at the time of use. $29 would buy a new one.

The nursery Sister depletes the pharmacy of 8 oz. tablet bottles to use as nursing bottles for her babies. Can she help it if they break when sterilized? They are for tablets, not babies. She needs at least 25 at 65c ea.

BEREKUM also needs:

Baby Beds	**ea. $10.00**
Intestinal forceps	**$ 8.00**

MANDAR, INDIA

This is broken bone season in Mandar. Food is scarce but flowers and fruits are on the trees to climb for — result: multiple fractures! No wonder Sr. M. Barbara, M.D. could use:

A real fracture table	**$200.00**
Kirschner Hand drill	**$ 40.00**
Lowman Bone and Plate holding clamp	**$ 27.00**

RAWALPINDI, PAKISTAN

It's getting hot in Pindi—115° in the shade—no ice water—but a few thermos flasks would help keep the water for patients a little cool. $10 would buy one. Pindi also needs a diagnostic scale. $29.00.

NEW DELHI, INDIA

Sr. M. Clare hopes for a roof on the fifth story of the new hospital before the Monsoon breaks. Showers of dollars welcome!

DEAR SISTERS:

Here is $..... for your mission hospitals.

for ( ) RAWALPINDI ( ) DELHI

( ) MANDAR ( ) BEREKUM

Name .....

Address .....

City ..... Zone ..... State .....

ENGLISH APOSTLE TO GERMANY

YOU HAVE no right to rest from your labors in any settled place. Do not grow weary of preaching the Word of God wherever the Lord opens the way for you," wrote the Pope to St. Boniface in 739.

Fifteen years later Boniface at the age of 75 ended his life of apostolic labor by martyrdom at the hands of pagan Frisians. This was 1200 years ago, on June 4th, 754, but the effect of his work is lasting to our time, and his life has applications for every missionary.

The Saxon Wynfrid had been a monk for thirty years in his native England before he answered the apostolic call that made him leave his home land and spend himself among the barbarians of central Europe.

In 719 he presented himself to Pope Gregory II, who listened to his plans, commissioned him Missionary Apostolic, and changed his name to Boniface "one who does good."

This good work consisted of three phases: to Christianize large areas of Germany, to reorganize and establish a permanent hierarchy among semi-pagans, and to reform the Church in France which had degenerated with the Merovingian "do-nothing" Kings.

Boniface was not the first to work in these areas, but he was the first to undertake the work with a comprehensive plan under the authority and direction of the Holy See. He brought to the task Teutonic energy, Benedictine prudence, Roman administrative genius and great sanctity. He not only established the Church with its hierarchy, but he gave the scattered barbarian tribes a sense of national unity, so that he was not only a religious leader, but in a very real sense Father of the German people.

Important in his method of establishing the Church was the building of monasteries which became training centers for native priests and Sisters. Fulda is the greatest of these and was during four centuries the heart of German Catholicism. Here he rested between his ceaseless journeys, and here he is buried.

Many of Boniface's English confreres came over to help in the work of evangelization. Among these are the "women apostles," Saints Walburga, Thecla and Lioba.

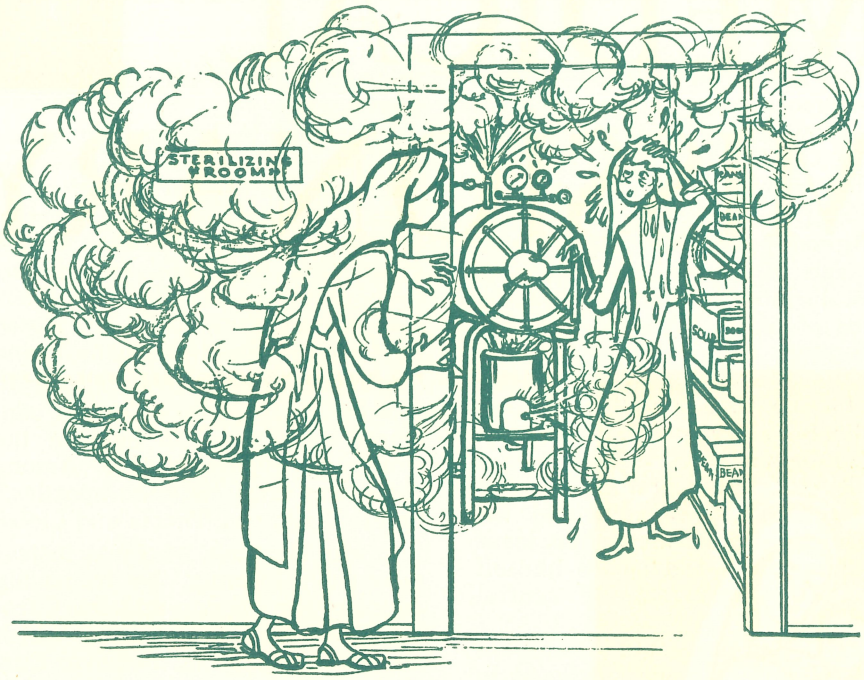
It was Boniface who was instrumental in forming the friendship between the Papacy and the Carolingian rulers, an alliance which was the keystone of medieval Europe.

Although the dream of a "Christian Athens" was ruined by the Viking invasions, enough of civilization survived to give rise to the eventual flowering of the 12th and 13th centuries. Thus medieval and modern humanism owes much to the Anglo-Saxon Boniface.

Besides the ecclesiastical organization which he established and the cultural beginnings in which he pioneered, Boniface continues to be great in his example. He combined magnanimous zeal with discretion and warm friendship; sympathy for the national yearnings of a people with unshakable loyalty to Rome.

After 12 centuries we who share the Christian heritage and who wish to extend it to others, salute St. Boniface, "the most influential Englishman ever to work on the Continent."

—Sr. M. Julia, S.C.M.M.



Are you still there?

Dear St. Joseph:

Hot days come and hot days go in Patna . . . but when the temperature reaches 115 degrees then the narrow confines of the sterilizing room (converted store-room) becomes a selfmade turkish-bath—no steam outlet —no windows! The sterilizer is not electrically equipped and the charcoal stove puffs away, creating more heat. Can you imagine Sister remaining cool and collected in this set-up? The O. R. Sister sometimes is afraid of just WHAT she will find when she arrives to collect sterile goods.

Dear St. Joseph will you please ask your friends for a "large-enough, well ventilated sterilizing room" in the now-being-built Holy Family Hospital so that Sister can keep "in action" regardless of any heat pressure. Every dollar will be gratefully received and we promise our prayers in return will reach a new "high."

Faithfully yours,
Mother Anna Dengel, M.D.

ARE YOU A FRIEND OF SAINT JOSEPH'S?

Dear Mother Dengel:

Here is my gift for Patna's New Holy Family Hospital $.....

Name .....

Address .....

City ..... Zone ..... State .....